

# HR 133: Funding Provisions Impacting Health Providers

On December 21, 2020, Congress passed the “Consolidated Appropriations Act of 2021,” which includes funds for COVID-19 testing, vaccine administration and relief for health care providers, in addition to surprise medical billing legislation and extending funding for public health care programs. **Details on how to access the funds outlined below will be provided in the future** once the Department of Health and Human Services (HHS) releases further information and any grant information is made available.

| Provisions  | Description  | Key Details   |
|---|--|---|
| <b>Vaccines, Testing and Tracing</b><br><b>\$68 billion</b> | <p>This includes:</p> <ul style="list-style-type: none"> <li>\$22.4 billion into the Public Health and Social Services Emergency Fund for testing, contact tracing and surveillance.</li> <li>\$19.695 billion to the Biomedical Advanced Research and Development Authority for vaccine, therapeutic and diagnostic development.</li> <li>\$3.25 billion to the Strategic National Stockpile.</li> <li>\$8.75 billion to the CDC for vaccine administration, \$4.5 billion which will go to states, localities and territories.</li> <li>\$2.5 billion for improving testing capabilities and contact tracing among high-risk and underserved populations, including racial and ethnic minority populations and rural communities.</li> </ul> | <p>The legislation states that the Secretary of HHS:</p> <ul style="list-style-type: none"> <li>• May take into account “geographical areas with a high percentage of cross-jurisdictional workers when determining allocations of vaccine doses.”</li> <li>• Should ensure that COVID-19 vaccines and therapeutics are affordable in the commercial market.</li> <li>• Can use the funds appropriated through this legislation for the construction, alteration or renovation of non-federally owned facilities for the production of vaccines, therapeutics, diagnostics, and ancillary medical supplies.</li> <li>• Must require state governors receiving funds under this legislation to report on a quarterly basis how they are using the funds and make those reports available to the public.</li> </ul> |
| <b>COVID-19 Research</b><br><b>\$1.25 billion</b>           | <p>\$1.25 billion for the National Institutes of Health (NIH) to support research and clinical trials related to the long-term effects of COVID-19.</p>  | <p>Any research grants related to this funding will be included in the <a href="#">NIH website</a>.</p>   |
| <b>Provider Relief Fund (PRF)</b><br><b>\$3 billion</b>     | <p>\$3 billion in additional funds for the Provider Relief Fund. This fund is designed to provide health care providers with assistance to reimburse expenses or lost revenues that are attributable to COVID-19, including costs to treat the uninsured, acquire PPE, testing and</p>   | <p>The legislation stipulates that:</p> <ul style="list-style-type: none"> <li>• The funds cannot be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.</li> </ul>   |

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supplies, and increase workforce and training emergency operation centers.

Public entities, Medicare or Medicaid enrolled suppliers and providers, for-profit entities and not-for-profit entities that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 are eligible for the funds.

- Providers can calculate lost revenues using the Frequently Asked Questions guidance released by HHS in [June 2020](#), which specified that providers could use “any reasonable method” for the calculation of lost revenue. The legislation clarifies that this includes the difference between budgeted and actual revenue if such budget had been established and approved prior to March 27, 2020.
- Health systems can move all PRF distributions within their system, including to subsidiary eligible health care providers of the parent organization. However, the original recipient of the federal funds will retain responsibility for reporting the reallocated reimbursement to HHS.

These funds will be available to HHS for their distribution to states.

**Influenza  
Pandemic**  
\$252 million

Funds for the development and purchase of vaccines, antivirals, necessary medical supplies, diagnostics, and other surveillance tools. The funds may also be used by HHS for the construction or renovation of privately owned facilities for the production of pandemic influenza vaccines and other biologics.

**Vaccine Injury  
Compensation**  
\$11,200 million

Funds for the Vaccine Injury Compensation Program Trust Fund to address claims associated with vaccine-related injury or death.

**Expanding  
Capacity for  
Health Outcomes**  
\$50 million

\$10 million for each fiscal year from 2022–2026 for the Secretary of HHS to award grants to “evaluate, develop and expand the use of technology-enabled collaborative learning and capacity-building models.” The goal is for these grants to help improve the retention of health care providers and increase access to specialty health care services in rural areas, frontier areas, health professional shortage areas and medically underserved areas.

The legislation does not specify how the grants will be distributed or who will be eligible. Further information is expected in the near future.

**Public Health Data  
System  
Modernization**  
\$500 million

\$100 million for each fiscal year from 2021–2025 for the Secretary of HHS to award grants or cooperative agreements to state, local, tribal or territorial public health departments for the expansion and modernization of public health data systems.

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**Chronic Disease  
and Prevention**  
**\$1,021,714 billion**

This includes: \$15 million to continue and expand community specific outreach programs to combat obesity in counties with the highest levels of obesity.

\$591,997 million for health statistics, surveillance, health informatics and workforce development.

\$167,810 million to address health disabilities.

**Mental Health**  
**Over \$5 billion**

The bill appropriates funds to various agencies to address addiction and mental health issues, including:

Grants awarded to address mental health will be posted on [www.grants.gov](http://www.grants.gov).

- \$554 million to the National Institute on Alcohol Abuse and Alcoholism.
- \$1.5 billion to the National Institute on Drug Abuse
- \$2 billion to the National Institute of Mental Health
- \$4.25 billion to SAMHSA, which includes: \$1.65 billion for the Substance Abuse and Prevention Treatment Block Grant; \$1.65 billion for the Mental Health Services Block Grant; \$600 million for Certified Community Behavioral Health Clinics; \$50 million for suicide prevention programs; \$50 million for Project AWARE to support school-based mental health for children; \$240 million for emergency grants to States; and \$10 million for the National Child Traumatic Stress Network.
- \$1.8 billion to SAMHSA for increased mental health services and \$3.78 billion for substance use treatment and prevention.

Of these funds:

\$1.5 billion will go to state Opioid Response grants, with \$50 million going to Indian Tribes and tribal organizations, and 15% of the remaining funds going to states with the highest opioid mortality rates.

\$600 million for Certified Community Behavioral Health Clinics.

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\$240 million for emergency grants to states.

## Employer Tax Credits for Paid Sick and Family Leave

Extends until March 31, 2021, the availability of tax credits to employers that choose to provide paid sick leave and family leave under the Families First Coronavirus Response Act (FFCRA) to employees impacted by COVID-19.

The legislation does not require employers to provide paid sick leave or family leave past December 31, 2020.

## Telehealth \$250 million

The CARES Act provided \$200 million in funding to the Federal Communications Commission (FCC) to support health care providers in the provision of services through telehealth. The FCC issued grants to providers through Spring 2021 but stopped accepting applications in June. The legislation provides an additional \$250 million to the FCC for grant programs.

These grants will be available on the [FCC website](#) and non-profit health systems are eligible for the funds. A list of the prior awardees can be found [here](#). The new application period should open soon.

## Paycheck Protection Program \$284 billion

The legislation provides an additional \$284 billion for the program and extends it through March 31, 2021. This program provides loans from the U.S. Small Business Administration (SBA) to help organizations with less than 500 employees pay debts, payroll, accounts payable and other bills. A fact sheet on the program can be found [here](#).

The legislation makes several changes to the program, including:

- Expanding the permitted uses for the loans to include expenses made by organizations to purchase Personal Protective Equipment acquired between March 1, 2020 and the date on which the COVID-19 public health emergency ends.
- Allowing eligible entities to receive a second loan, referred to as a “second draw.” To qualify as an eligible entity, the borrower must:
  - Employ not more than 300 employees; and
  - Demonstrate at least a 25% reduction in gross receipts in any quarter of 2020 relative to the same 2019 quarter.
- Clarifying that employer-provided group insurance benefits other than health care benefits (e.g., group life, dental, vision, or disability) fall within the definition of forgivable payroll costs.